

PLAINTIFF	Lonnie Thompson	COURT CASE NUMBER
DEFENDANT	Hensley, et. al.,	TYPE OF PROCESS Order of Possession
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	
	Hensley, Health Care Administrator ( Mansfield Corr. Inst. ) ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1150 N. Main St., Mansfield, OH 44901	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	1
Mr. Lonnie Thompson, # 640-614 Madison Correctional Institution 1851 State Route 56 P.O. B0x 740 London, OH 43140	Number of parties to be served in this case	1
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: <i>Mr. Lonnie Thompson</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 08/21/2023
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time
		<input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					\$0.00

REMARKS:

**PRINT 5 COPIES:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

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		ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
		Newland, Nurse Practitioner (Mansfield Corr. Inst.) 1150 N. Main St., Mansfield, OH 44901

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SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Dr. Ojukwu, (Mansfield Corr. Inst.)	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1150 N. Main St., Mansfield, OH 44901	
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	Kelli Cardaras, Nurse Practitioner (Ross Corr. Inst.) ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 16149 State Route 104 - P.O. Box 7010 Chillicothe, OH 45601	
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Form USM-285  
Rev. 12/15/80  
Automated 01/00